

April-11-13 3:19:05 PM

Page 1

Accept

Setup Start *NS1*

Stop *NS2*

Stop *NS2*

10

Cust Item ID:

10

Customer:

Reference:

Approvals:

Process Plan:

Date 3-04-11

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 99759

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99759

Page 2

Item ID: 646.3715

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Strut Doubler

Start Date: 5/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00				10			
140 *140* Outsource4 Outsource process - Anodize	Outsource process-Anodize per QSI017 4.1.10.1 Memo Issue P/O: <u>19638</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)	0.00 0.00							13-04-15
150 *150* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo	0.00 0.00							4/30/13 19

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 99759

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99759

Page 3

Item ID: 646.3715

Accept:

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Strut Doubler

Start Date: 5/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

160 QC5- Inspect part completeness to step on W/O

0.00

160

QC

Memo

0.00

Quality Control

170

0.00

170

SprayPaint

Memo

0.00

Spray Painting

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 125452

180

QC14- Inspect Spray Paint

0.00

180

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
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		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 99759

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99759

Page 4

Item ID: 646.3715

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Strut Doubler

Start Date: 5/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190	Identify as per dwg & Stock Location: _____	0.00							
190									
Packaging	Memo								
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***								
200	QC21- Final Inspection - Work Order Release	0.00							
200									
QC	Memo								
Quality Control									

PDP 99937434/30/36

6/3/12 (10)

13/5/28
ME
13-5-27

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
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		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

April-11-13 3:19:10 PM

Page 1

Work Order ID: 99759

99759

Parent Item: 646.3715

646.3715

Parent Item Name: Strut Doubler

Start Date: 5/24/13

Required Date: 5/24/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M6061T6S.040

Purchased

No

110

sf

675.0356

0.0434

0.456842

**

0.5

Jm.3-4-18

M6061T6S 040

6061-T6 .040 Sheet

Location

Loc Qty

Loc Code

MAT021

675.0356

121099

273.7156

123874

401.32

123874

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
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<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
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		<input type="checkbox"/> Ovalized
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		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS			EOR: D-12-010	

SHEET 1, ZONE A2 IS:

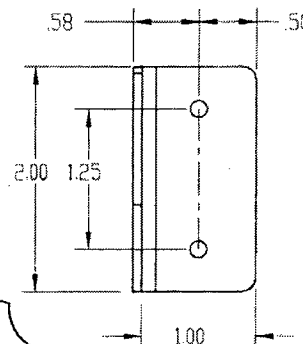
IS

⚠ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

Q9159

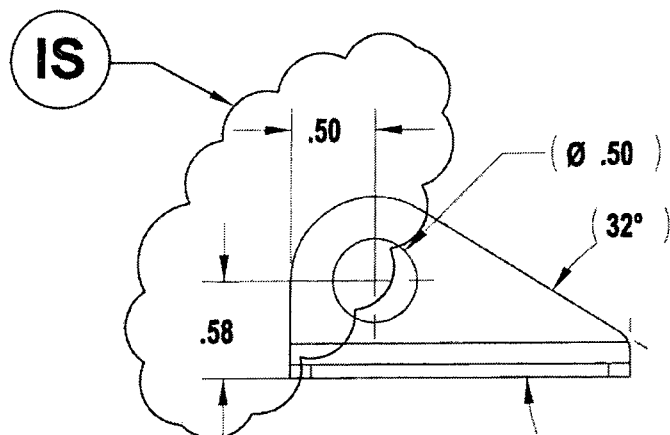
Q130416

IS

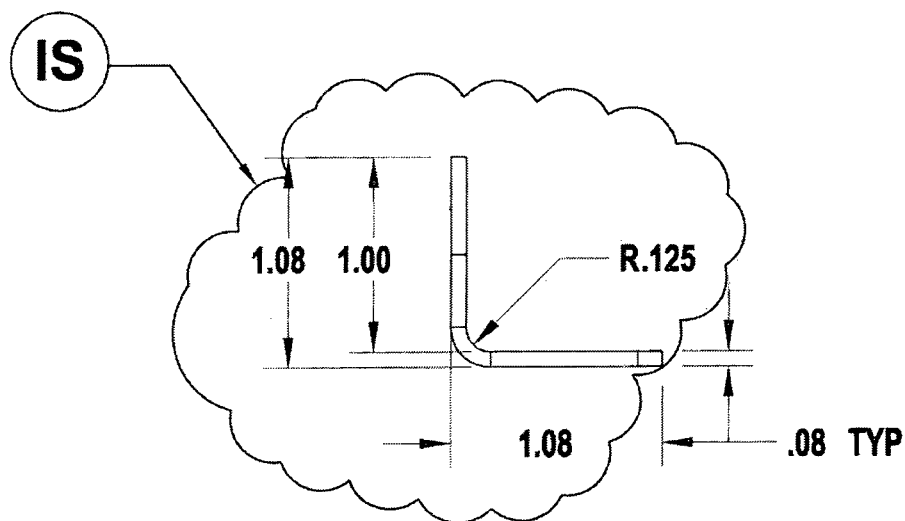


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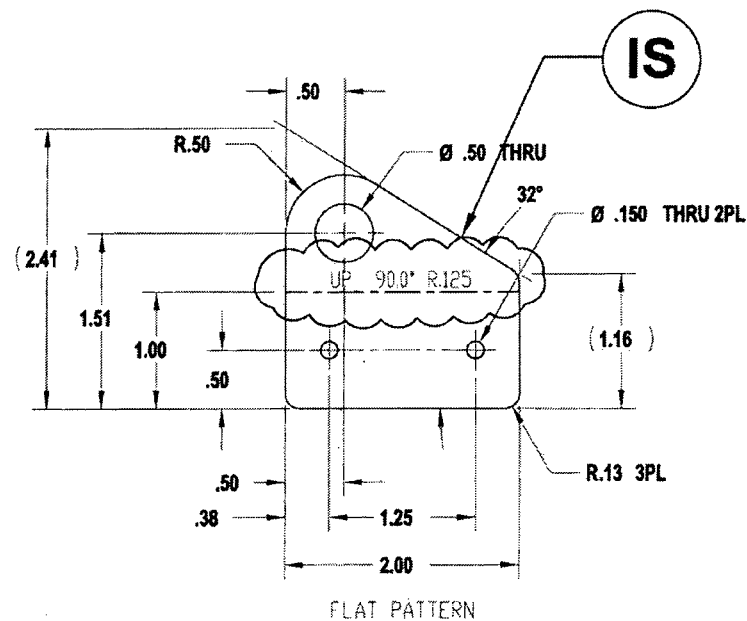
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY	DER REVIEW REQUIRED
<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



SHEET 7, ZONE C4 IS:



SHEET 7, ZONE D1 IS:



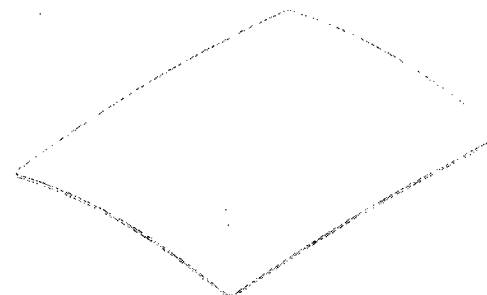
SHEET 7, ZONE B7 IS:

99159

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

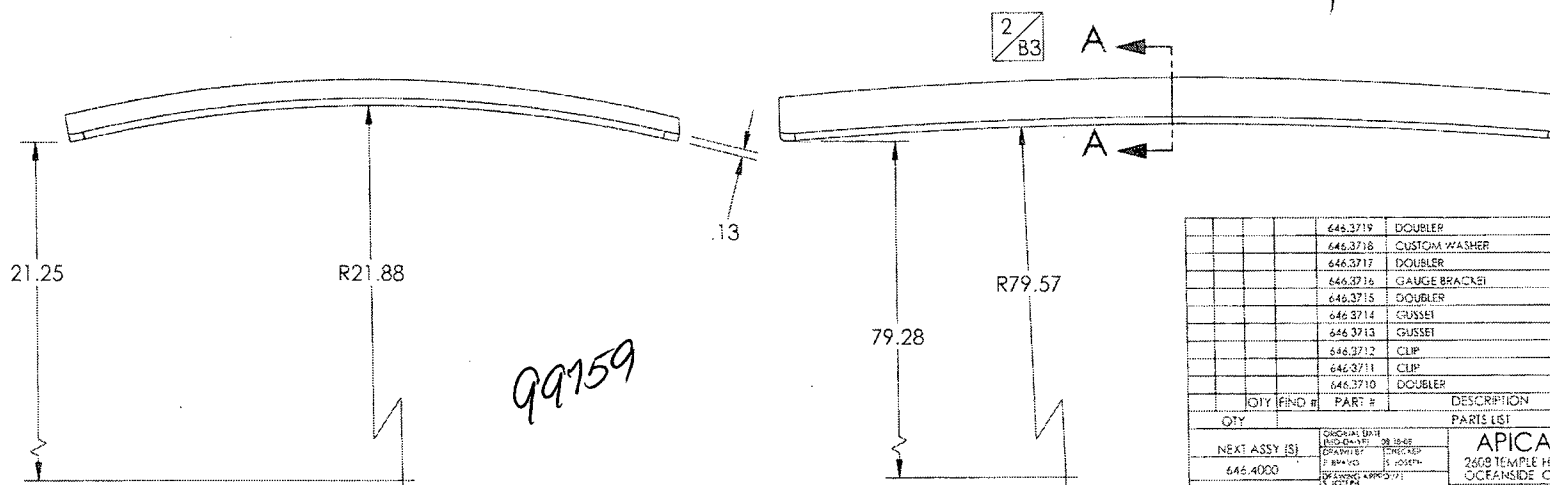
PE-6-2-1			
REF.	DESCRIPTION	DATE	APPROVED
A.	INFORMED TO DOB	DISPOS	PC

- ① MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- ② FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III.
CLASS 2. COLOR BLACK:
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
- ③ MATERIAL: 17-4 PH AMS 5604. CONDITION H900
- ④ FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120

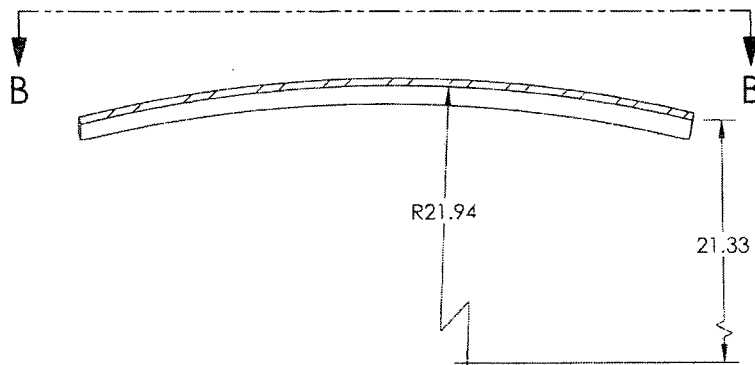


UNINCORPORATED ECN(S)

03702

[illegible]

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SECTION A-A



R395.138

R.13 4PL

13.51

10.49

10.54

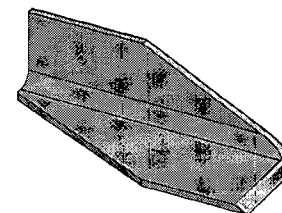
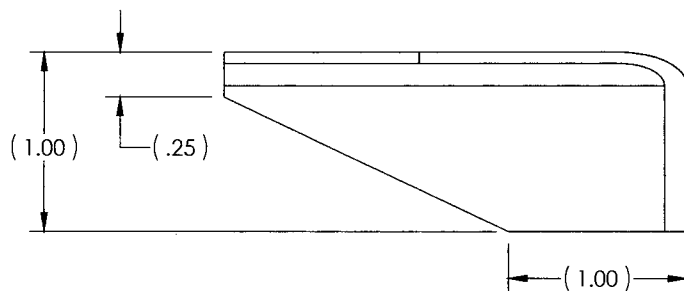
SECTION B-B

99759

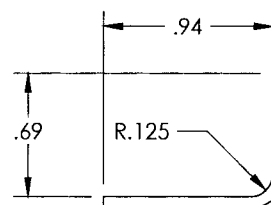
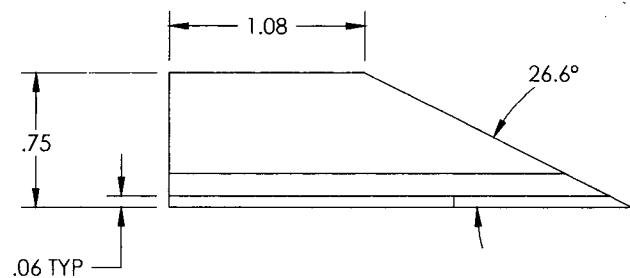
ORIGINAL DATE INVOICE DATE 08-18-06		APICAL INDUSTRIES	
DRAWN BY: P. SPAYO		2608 TEMPLE HEIGHTS DR.	
CHECKED BY: S. JOSEPH		OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL: K. DUBOIS		SHEETMETAL	
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES		REV. 8	DATE CODE 07/06
TOLERANCES ARE: FRACTIONS DECIMALS ANGLES		DWG. NO. 646.3700	REV. A
		SCALE: NONE	SHEET 2 OF 9

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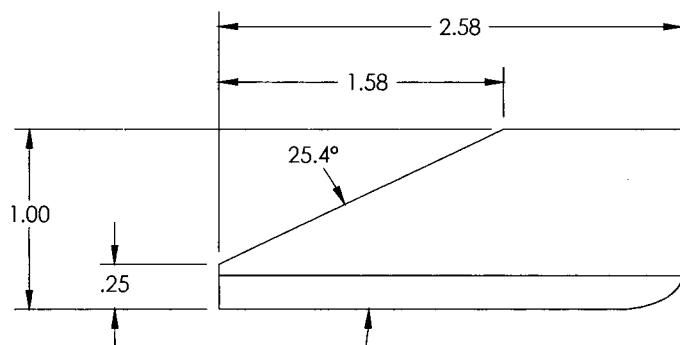
REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



646.3711 SHOWN
646.3712 OPPOSITE



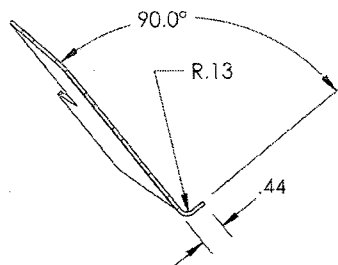
99159



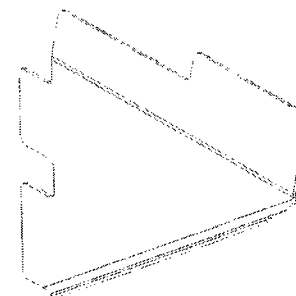
NEXT ASSY (S)	ORIGINAL DATE (D-M-Y)	08-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
	DRAWN BY	P. BRAVO		
	CHECKED	S. JOSEPH	SHEETMETAL	
	DRAWING APPROVAL	S. JOSEPH		
	DATE	08-18-08	SITE CAGE CODE DWG. NO. REV	
	CONTRACT NO.			
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°		B 07M26	646.3700 A
	SCALE: NONE		SHEET 3 OF 9	

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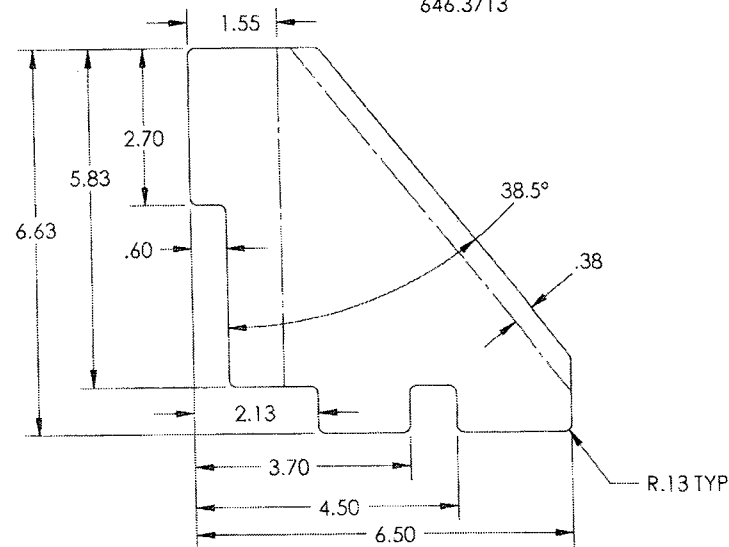
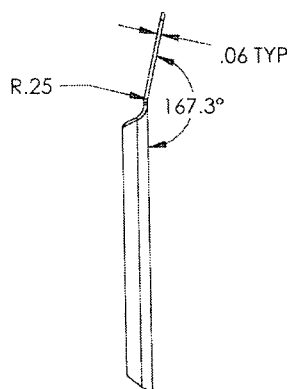
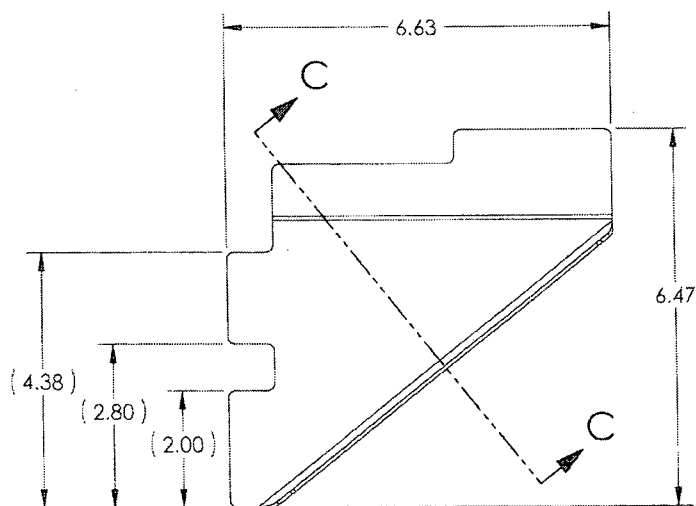
REV	DESCRIPTION	DATE	APPROVED



SECTION C-C



646.3713



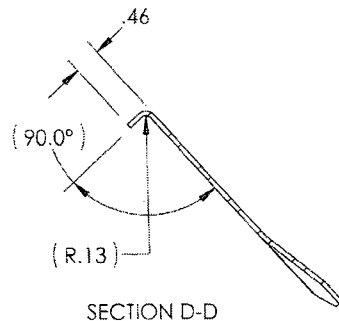
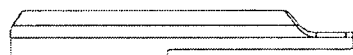
FLAT PATTERN

99759

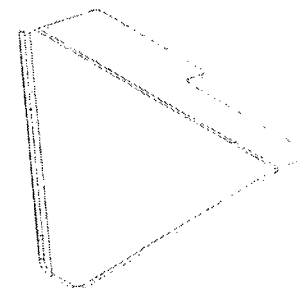
NEXT ASSY IS	DESIGNED BY	Q3-18-00	APICAL INDUSTRIES
	DRAWN BY	5.10.11 PM	
CHECKED BY	DATE	5.10.11 PM	2608 TEMPLE HEIGHTS DR.
	DATE	5.10.11 PM	
DATE	DATE	5.10.11 PM	OCEANSIDE CA. 92056-3512 (760) 724-5300
	DATE	5.10.11 PM	
DATE	DATE	5.10.11 PM	SHEETMETAL
	DATE	5.10.11 PM	
DATE	DATE	5.10.11 PM	646.3700
	DATE	5.10.11 PM	
DATE	DATE	5.10.11 PM	SCALE: 1:1
	DATE	5.10.11 PM	
DATE	DATE	5.10.11 PM	SHEET 2 OF 2
	DATE	5.10.11 PM	

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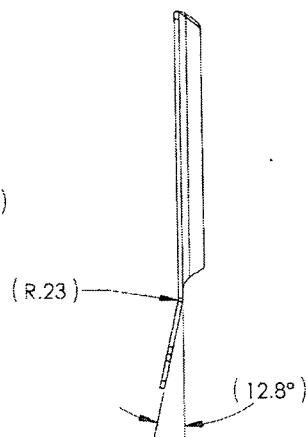
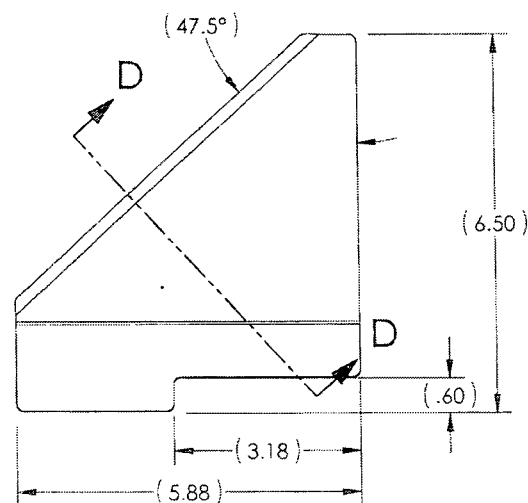
REV.	DESCRIPTION	DATE	APPROVED



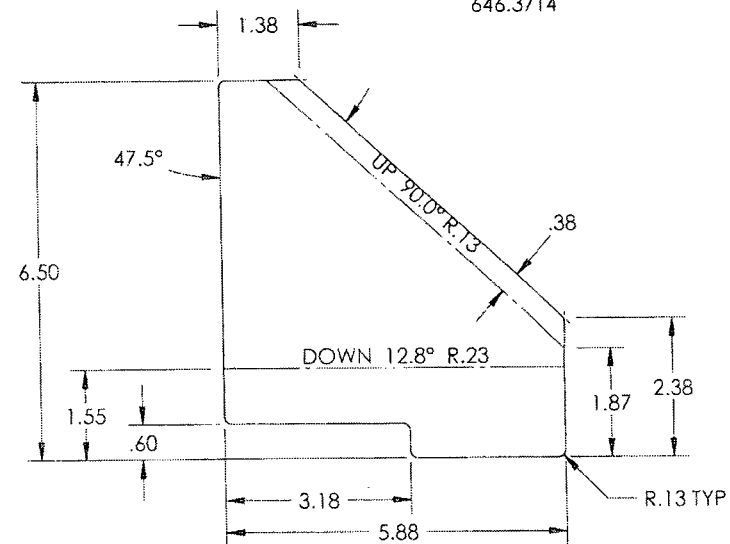
SECTION D-D



646.3714



99759

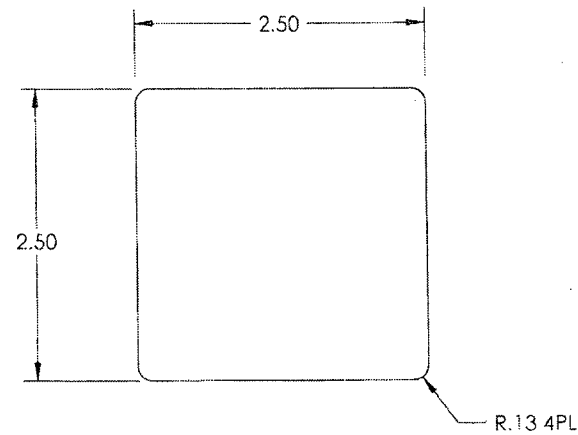


FLAT PATTERN

OFFICIAL DATE DESIGNED BY DRAWN BY CHECKED BY DATE	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300
DRAFTSMAN'S RECORD REVISIONS DATE BY REASON	SHEETMETAL PART NO. 646.3700 SCALE: NONE

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APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED

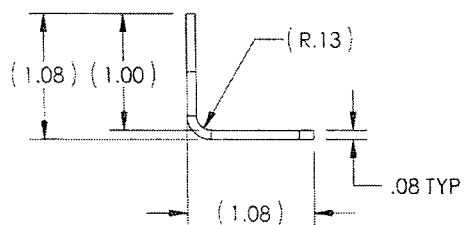
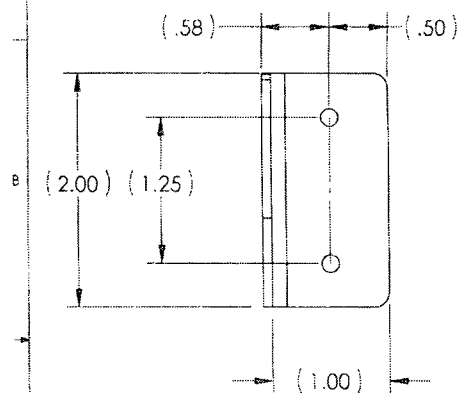


646.3715

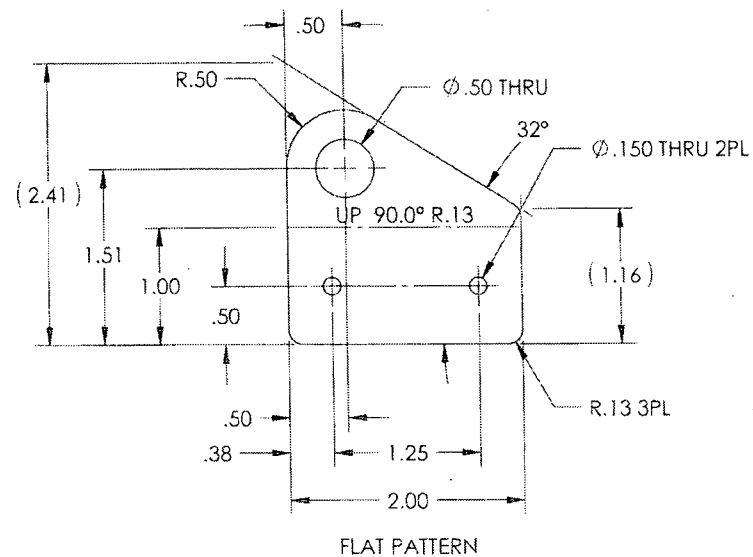
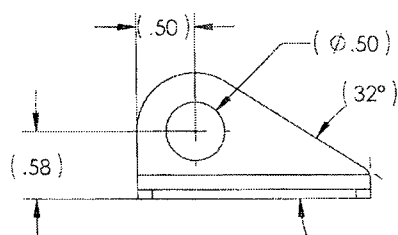
99759

NEXT ASSY (S)	ORIGINAL DATE	08-18-08	APICAL INDUSTRIES 2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
	DESIGNED BY	W. BRAY		
	CHECKED BY	J. JOSEPH		
	DATE OF ISSUE	08-18-08		
	CONTRACT NO.		SHEETMETAL	
	INLET OTHER PORT SPECIFIED			
	DRAWINGS ARE TO BE MADE TO		NET CAGE CODE	ENG NO.
	TO BE MADE TO		B 071426	646.3700
	1 PLACE DIMENSION ±.01		SCALE: 1/4"=1"	SHEET 8 OF 8
	1 PLACE DIMENSION ±.005			
	1 PLACE DIMENSION ±.002			
	1 PLACE DIMENSION ±.001			

REV	DESCRIPTION	DATE	APPROVED
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646.3716

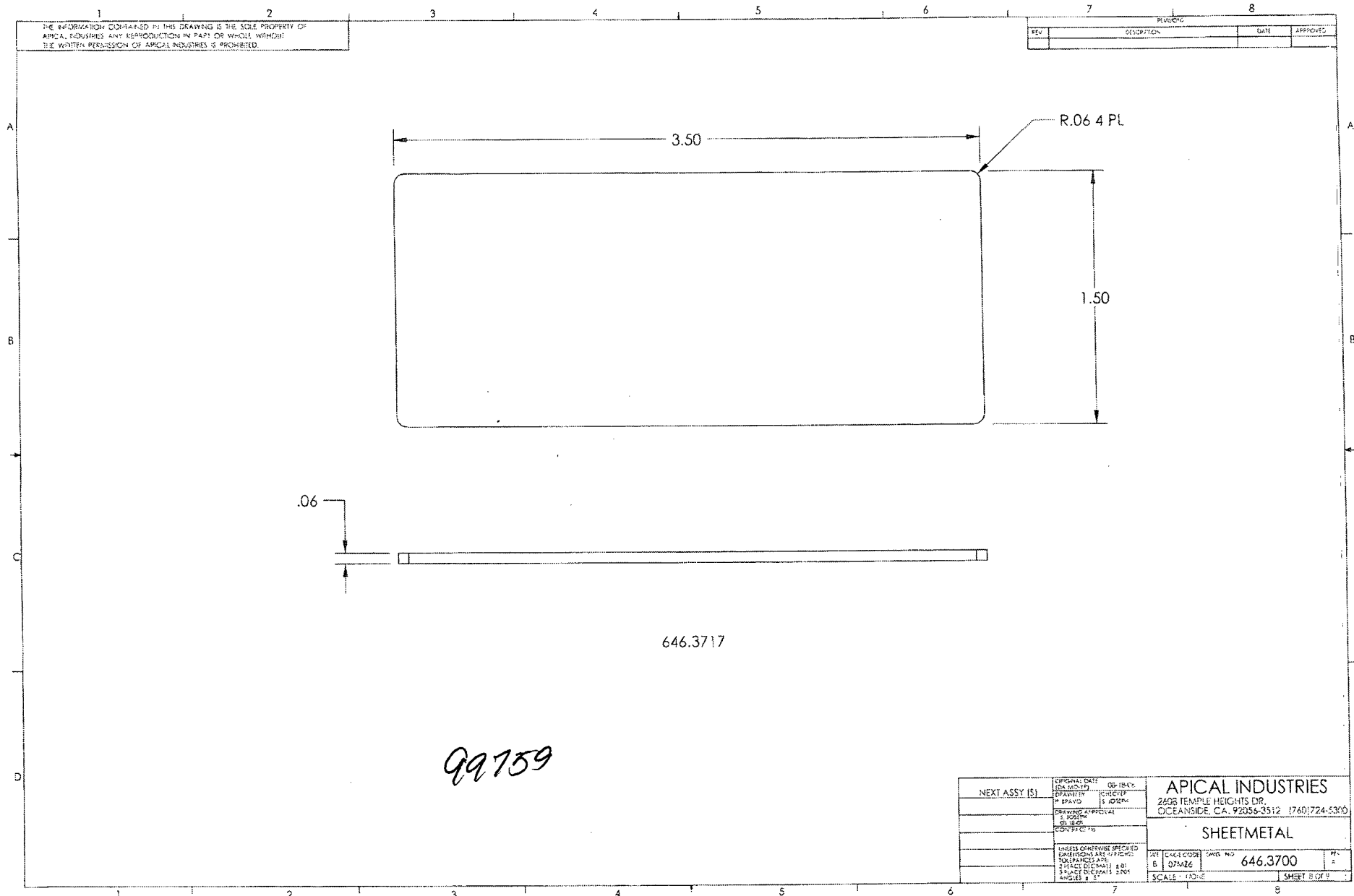


99759

[illegible]

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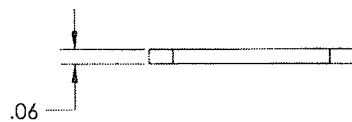
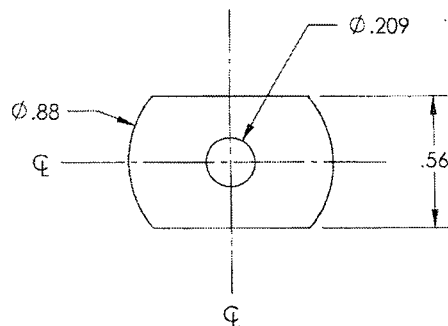
REVISION			
REV	DESCRIPTION	DATE	APPROVED



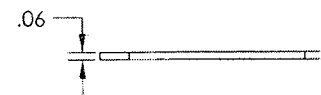
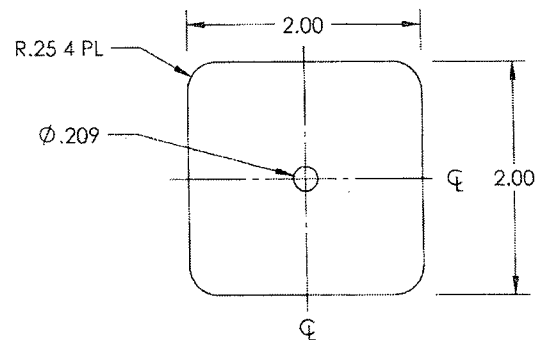
NEXT ASSY (S)	ORIGINAL DATE	DATE	APICAL INDUSTRIES	
	DATE MODIFIED	DATE		
	DESIGNED BY	DESIGNED BY	2608 TEMPLE HEIGHTS DR.	
	DRAWN BY	DRAWN BY	OCEANSIDE, CA. 92056-3512 1760/724-5300	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FRACTIONS ARE 16 DECIMALS ARE .001 ANGLES ARE 1/2	DATE	DATE	SHEETMETAL	
	DATE	DATE	646.3700	
	DATE	DATE	SCALE 1:10	
	DATE	DATE	SHEET 8 OF 9	

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REVISION			
REV	DESCRIPTION	DATE	APPROVED



646.3718



646.3719

99759

NEXT ASSY (S)	ORIGINAL DATE 06/19/04	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
	DESIGNED BY P. BRANCO		
DRAWING APPROVAL S. JOSEPH 06/18/04	DESIGNED BY P. BRANCO	SHEETMETAL	
	DESIGNED BY P. BRANCO		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES & S	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES & S	REV. 8	DWG. NO. 646.3700
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES & S	SCALE: NONE	SHEET 1 OF 1



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62363

Date: 06-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

h: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms

Ship Via

Quantity	Description	Rev:
1 lot	Part: ASST 11 PCS 646.9710 3 PCS 647.1915 19 PCS 646.3715 20 PCS 647.1713 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 2 PCS D4410-041 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130267	

PO: 19638

Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 6/5/13

CERTIFIED SIGNATURE: 

RECEIVER SIGNATURE: _____